

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101588045

8/1/06

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT	IND.	DEP.
1	1							
2		5						
3		2						
4		8						
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TOTAL IND.	1							
TOTAL DEP.	15							
TOTAL CLAIMS	16	[QR]	[QR]	[QR]	[QR]			

	AS FILED		AFTER		AFTER	
	IND.	DEP.	1 ST AMENDMENT	IND.	DEP.	2 ND AMENDMENT
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